

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/625 969
APPLICANT(S)

FILING DATE

7-26-00

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	/				/	
TOTAL DEP.	/	↓	↓		15	↓
TOTAL CLAIMS	/	↓	↓		16	↓

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TOTAL IND.								
TOTAL DEP.		↓	↓		↓	↓		↓
TOTAL CLAIMS		↓	↓		16	↓		↓